## (703) 365-6421 PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/521887

| CLAIMS AS FILED - PART I (Column 1) (Column 2)               |  |   |   |                                   |              |  |                     | SMALL ENTITY TYPE   |                        | OR       | OTHER THAN<br>SMALL ENTITY |                        |
|--|--|---|---|-----------------------------------|--------------|--|---------------------|---------------------|------------------------|----------|----------------------------|------------------------|
| u.s  | . NATIONAL :                                   | STAGE FEES                                | (00                                       | III 1)                            |              | Column 2,                              |                     | RATE                | FEE                    | <u> </u> | RATE                       | FEE                    |
| BAS  | SIC FEE  |   | SMALL ENT                                 | SMALL ENT. = \$ 150               |              | LARGE ENT. = \$ 300                    |                     | BASIC FEE           |                        | OR       | BASIC FEE                  | 300                    |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$50             |                                   |              | All other situations = \$ 100 / \$ 200 |                     | EXAM. FEE           |                        |          | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other co \$ 200 / \$ | ountries =                        |              | All other situations = \$ 250 / \$ 500 |                     | SEARCH FEE          |                        |          | SEARCH FEE                 | 400                    |
| FEE  | FOR EXTRA S                                    | PEC. PGS.                                 | min                                       | nus 100 =                         |              | / 50 =                                 |                     | X \$ 125 =          |                        |          | X \$ 250 =                 |                        |
| тот  | AL CHARGEAE                                    | 3LE CLAIMS                                | 13 mi                                     | inus 20 =                         |              | -                                      |                     | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |
| INDE   | EPENDENT CL                                    | AIMS                                      | 5 n                                       | ninus 3 =                         |              | 2                                      |                     | X \$ 100 =          |                        | OR       | X \$ 200 =                 | 400                    |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRE                            | ESENT                                     |                                   |              |  |                     | + \$ 180 =          |                        | OR       | + \$ 360 =                 |                        |
| * If   | the difference                                 | e in column 1 is l                        | ess than zero                             | o, enter "(                       | )" in co     | olumn 2                                |                     | TOTAL               |                        | OR       | TOTAL                      | 1300                   |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) |  |   |   |                                   |              |  |                     | SMALL E             |                        | OR       | OTHER                      | NTITY '                |
| NT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER<br>DUSLY | PRESENT<br>EXTRA                       |                     | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus                                     | **                                |              | =                                      |                     | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |
| AMEN   | Independent                                    | •   | Minus                                     | ***                               |              | =                                      |                     | X \$ 100 =          |                        | OR       | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |              |  |                     | + \$ 180 =          |                        | OR       | + \$ 360 =                 |                        |
|  | L  |   |   | TOTAL ADDIT.<br>FEE               |              | OR                                     | TOTAL ADDIT.<br>FEE |                     |                        |          |                            |                        |
| (Column 1) (Column 2) (Column 3)                             |  |   |   |                                   |              |  |                     |                     |                        |          |                            |                        |
| 4TB  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY | PRESENT<br>EXTRA                       |                     | RATE                | ADDI-<br>TIONAL<br>FEE |          | RATE                       | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | *   | Minus                                     | ##                                |              | =                                      |                     | X \$ 25 =           |                        | OR       | X \$ 50 =                  |                        |
| AMEN   | Independent                                    | •   | Minus                                     | ***                               |              | =                                      |                     | X \$ 100 =          | ,                      | OR       | X \$ 200 =                 |                        |
|  | FIRST PRES                                     | SENTATION OF MI                           | ULTIPLE DEP                               | ENDENT (                          | CLAIM        |  |                     | + \$ 180 =          |                        | OR       | + \$ 360 =                 |                        |
|  |  |   |   |                                   |              |  |                     | TOTAL ADDIT.<br>FEE |                        | OR.      | TOTAL ADDIT.<br>FEE        |                        |
|  |  |   |   |                                   |              |  |                     |                     |                        |          |                            |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.